

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address): Bar No.	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
DIRECT FAX FILING REGISTRATION FORM	

Registrant's Information:

Name: _____ State Bar Number # _____
(Attorney Only)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () Fax Number: ()

Email Address: _____

I, _____, am registering as a Fax Filing User with the Superior Court of California, County of Riverside.

I agree to pay a \$100.00 registration fee that will allow me to fax file documents to the Court during the period of July 1st through June 30th. I understand that a new registration fee will be due each fiscal year.

When sending my fax filings, I agree to use the Judicial Council Facsimile Transmission Cover Sheet (MC-005) as my cover page.

If I am an attorney, I agree to provide my State Bar Number on each Fax Filing sent to the Court.

I consent to receive my conformed copy of filed documents by electronic mail, and I agree to provide my email address on each Fax Filing sent to the Court. I understand that failure to provide my email address on a document waives my request for a conformed filed copy of that document.

If I am an attorney, I understand that my registration applies to me as an individual attorney, and not a group of attorneys (law firm).

I declare that the foregoing is true and correct and that I am agreeing to the requirements for registering as a Fax Filing User.

 (PRINT NAME)

 (SIGNATURE)

Registration Fee - Credit Card Payment

I authorize the fax filing registration fee amount of \$100.00 to be charged to the following account:

VISA
 MASTERCARD
 DISCOVER
 AMERICAN EXPRESS

Account No: _____
 Expiration date: _____

Please create a Login & Password. *The log-in and password needs to be at least 6 characters (numbers or letters or a combination of both).*

LOG-IN _____

PASSWORD _____

 (PRINT NAME OF CARDHOLDER)

 (SIGNATURE OF CARDHOLDER)